

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 PAGE # 1 of 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Amadeo	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		LAST Ortiz	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	1443 W. Elsmere San Antonio, TX 78201				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Robert	MI	Date Processed Date Imaged
	NICKNAME Bob		LAST Lott	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5045 Ayrshire Dr San Antonio, TX 78217				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 414-9966				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/26/2008 12/31/2008				
10 ELECTION	ELECTION DATE Month Day Year 11/06/2012		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Bexar County Sheriff		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ortiz, Amadeo (Mr.) 15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,780.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 13,284.86

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,767.45

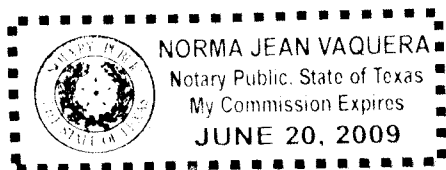
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Amadeo Ortiz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Amadeo Ortiz*, this the 14 day of January, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/4 Report: 3/17

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/03/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Blockley, Claudell

6 Contributor address; City; State; Zip Code
926 E. Petaluma
San Antonio, TX 78221

7 Amount of
contribution (\$)

\$10.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Calderon, Juan

Contributor address; City; State; Zip Code
600 Division
Suite D
San Antonio, TX 78214

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Casias, Pete Jr.

Contributor address; City; State; Zip Code
215 Zachery Dr.
San Antonio, TX 78228

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Crowder, Ginger

Contributor address; City; State; Zip Code
6411 Sienna Cir.
San Antonio, TX 78249

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

Amount of
contribution (\$)

\$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/17	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizondo, W. R. 6 Contributor address; City; State; Zip Code 2219 Cincinnati Ave. San Antonio, TX 78228	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fletcher, Roy Contributor address; City; State; Zip Code 11843 Braesview #601 San Antonio, TX 78213	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Peter Contributor address; City; State; Zip Code 2191 Little Blanco Rd. Blanco, TX 78606	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ionescu, Florin Contributor address; City; State; Zip Code 8428 Bandera Rd. San Antonio, TX 78250	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laudadio, Tim Contributor address; City; State; Zip Code 15751 Chinquapin Helotes, TX 78023	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/17	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Manuel 6 Contributor address; City; State; Zip Code 31035 Retama Ridge Bulverde, TX 78163	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Anthony Contributor address; City; State; Zip Code 1338 W. Wildwood Dr. San Antonio, TX 78201	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murnin, Patrick Contributor address; City; State; Zip Code 100 Tamworth Castle Hills, TX 78213	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Alma Contributor address; City; State; Zip Code 802 King San Antonio, TX 78211	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Epigmenia Contributor address; City; State; Zip Code 802 King Ave San Antonio, TX 78211	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/17

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

11/14/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ortiz, Lorenzo

6 Contributor address; City; State; Zip Code
3 Greens Whisper
San Antonio, TX 78216

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Padron, Michael

Contributor address; City; State; Zip Code
410 Yosemite
San Antonio, TX 78232

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rangel, Jerry

Contributor address; City; State; Zip Code
2316 Edison Dr.
San Antonio, TX 78201

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reyna, Steve

Contributor address; City; State; Zip Code
1602 Larkspur
San Antonio, TX 78213

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ynostrosa, Armando

Contributor address; City; State; Zip Code
3115 Mayfield Dr.
San Antonio, TX 78217

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/11 Report: 7/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

12/29/2008

5 Payee name
Absolute Rentals**6** Payee address; City; State; Zip Code
7300 Caribou
Suite 1
San Antonio, TX 78238**7** Amount
(\$)

\$171.38

8 Purpose of payment (See instructions regarding type of information required.)

table and chair rental

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

10/29/2008

Payee name
AT & T TelephonePayee address; City; State; Zip Code
P.O. Box 930170
Dallas, TX 75393-0170Amount
(\$)

\$128.42

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

11/16/2008

Payee name
AT & T TelephonePayee address; City; State; Zip Code
P.O. Box 930170
Dallas, TX 75393-0170Amount
(\$)

\$107.53

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

11/18/2008

Payee name
AT & T TelephonePayee address; City; State; Zip Code
P.O. Box 930170
Dallas, TX 75393-0170Amount
(\$)

\$134.08

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/11 Report: 8/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

10/26/2008**5** Payee name
Bill Miller Bar-B-Q #03**6** Payee address; City; State; Zip Code
1418 Pleasanton Rd.
San Antonio, TX 78221**7** Amount
(\$)

\$115.15**8** Purpose of payment (See instructions regarding type of information required.)
F & B**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

11/03/2008Payee name
Custom Crush WineryPayee address; City; State; Zip Code
8425 Bandera Rd Ste 148
San Antonio, TX 78250Amount
(\$)

\$270.31Purpose of payment (See instructions regarding type of information required.)
F & B for event** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

11/03/2008Payee name
Digital ExtremePayee address; City; State; Zip Code
12607 Prima Vista
San Antonio, TX 78233Amount
(\$)

\$281.00Purpose of payment (See instructions regarding type of information required.)
Campaign Marketing** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

10/27/2008Payee name
Easy DrivePayee address; City; State; Zip Code
906 Ruiz St.
San Antonio, TX 78207Amount
(\$)

\$18.92Purpose of payment (See instructions regarding type of information required.)
Campaign Marketing** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/11 Report: 9/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

10/27/2008

5 Payee name
Exxon**6** Payee address; City; State; Zip Code
526 W. Cevallos
San Antonio, TX 78244**7** Amount
(\$)

\$47.60

8 Purpose of payment (See instructions regarding type of information required.)

Auto Expense

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2008

Payee name
ExxonPayee address; City; State; Zip Code
526 W. Cevallos
San Antonio, TX 78244Amount
(\$)

\$33.20

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

11/05/2008

Payee name
Freedom Debt.comPayee address; City; State; Zip Code
4100 E. Piedras Dr.
Suite 251
San Antonio, TX 78228Amount
(\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Refund of campaign contribution

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

10/26/2008

Payee name
Halo DistributingPayee address; City; State; Zip Code
200 Lombrano St
San Antonio, TX 78204Amount
(\$)

\$445.60

Purpose of payment (See instructions regarding type of information required.)

F & B for GOTV Rally

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/11 Report: 10/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
HAPCOA**7** Amount
(\$)

11/05/2008

6 Payee address; City; State; Zip Code
P.O. Box 831544
San Antonio, TX 78283

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

Refund of campaign contribution

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HAPCOAAmount
(\$)

12/06/2008

Payee address; City; State; Zip Code
P.O. Box 831544
San Antonio, TX 78283

\$20.00

Purpose of payment (See instructions regarding type of information required.)

Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HEB #36Amount
(\$)

10/30/2008

Payee address; City; State; Zip Code
7004 S. Zarzamora
San Antonio, TX 78224

\$20.06

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HEB GroceryAmount
(\$)

10/26/2008

Payee address; City; State; Zip Code
2118 Fredericksburg Rd
San Antonio, TX 78201

\$15.18

Purpose of payment (See instructions regarding type of information required.)

F & B

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/11 Report: 11/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

11/03/2008**5** Payee name
HEB Grocery**6** Payee address; City; State; Zip Code
2118 Fredericksburg Rd
San Antonio, TX 78201**7** Amount
(\$)

\$28.36**8** Purpose of payment (See instructions regarding type of information required.)
F & B**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Hominick BuildersAmount
(\$)

11/05/2008

Payee address; City; State; Zip Code
1303 E. Main St.
Fredericksburg, TX 78624

\$100.00

Purpose of payment (See instructions regarding type of information required.)
Refund of campaign contribution** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
La PrensaAmount
(\$)

12/18/2008

Payee address; City; State; Zip Code
P.O. Box 830768
San Antonio, TX 78283

\$550.00

Purpose of payment (See instructions regarding type of information required.)
Newspaper advertising** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Las PinchanchasAmount
(\$)

11/03/2008

Payee address; City; State; Zip Code
450 Fredericksburg Rd
San Antonio, TX 78201

\$53.08

Purpose of payment (See instructions regarding type of information required.)
F & B - Meeting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/11 Report: 12/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 11/12/2008	5 Payee name Little Ceasar 6 Payee address; City; State; Zip Code 2002 Fredericksburg Rd. San Antonio, TX 78207	7 Amount (\$) \$149.75
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8 Purpose of payment (See instructions regarding type of information required.)
F & B Donation**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/18/2008	Payee name Los Barrios Restaurant Payee address; City; State; Zip Code 4223 Blanco Rd. San Antonio, TX 78212	Amount (\$) \$33.91
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Purpose of payment (See instructions regarding type of information required.)
F & B Meeting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/01/2008	Payee name Luby's Cafeteria Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212	Amount (\$) \$52.02
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Purpose of payment (See instructions regarding type of information required.)
F & B Meeting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/05/2008	Payee name Luciano Restaurant Payee address; City; State; Zip Code 7400 San Pedro Suite 470 San Antonio, TX 78216	Amount (\$) \$36.86
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Purpose of payment (See instructions regarding type of information required.)
Refund of in-kind donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/11 Report: 13/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

11/04/2008

5 Payee name

Mariachi Sangre

7Amount
(\$)

\$800.00

6 Payee address; City; State; Zip Code5426 Rushhill
San Antonio, TX 78228**8** Purpose of payment (See instructions regarding type of information required.)

Entertainment for Victory Party

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/29/2008

Payee name

Molino Rojo Cafe

Amount
(\$)

\$14.61

Payee address; City; State; Zip Code

13032 Nacogdoches Rd.
San Antonio, TX 78217

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

****** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/29/2008

Payee name

Panchitos Mexican Restaurant

Amount
(\$)

\$18.38

Payee address; City; State; Zip Code

1705 S. Zarzamora
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

****** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/15/2008

Payee name

Panchitos Mexican Restaurant

Amount
(\$)

\$142.29

Payee address; City; State; Zip Code

1705 S. Zarzamora
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

****** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/11 Report: 14/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Personal Pantry Catering

7Amount
(\$)

11/04/2008

6 Payee address; City; State; Zip Code1914 Fredericksburg Rd.
San Antonio, TX 78201

\$2,984.25

8 Purpose of payment (See instructions regarding type of information required.)

Victory Party Catering

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Ridgewood Cleaners

Amount
(\$)

10/26/2008

Payee address; City; State; Zip Code

610 West Ave.
San Antonio, TX 78201

\$27.27

Purpose of payment (See instructions regarding type of information required.)

Other expense

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Ridgewood Cleaners

Amount
(\$)

11/04/2008

Payee address; City; State; Zip Code

610 West Ave.
San Antonio, TX 78201

\$27.76

Purpose of payment (See instructions regarding type of information required.)

Other expense

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

San Antonio Produce Market

Amount
(\$)

11/05/2008

Payee address; City; State; Zip Code

1500 S. Zarzamora
San Antonio, TX 78283

\$3,531.00

Purpose of payment (See instructions regarding type of information required.)

Refund of in-kind donation

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/11 Report: 15/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

12/10/2008

5 Payee name

Silverhorn Golf Club

7Amount
(\$)

\$500.00

6 Payee address; City; State; Zip Code1100 Bitters Rd.
San Antonio, TX 78216**8** Purpose of payment (See instructions regarding type of information required.)

Deposit on fundraiser Golf Tourney

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

11/24/2008

Payee name

Symantec Software

Amount
(\$)

\$49.99

Payee address; City; State; Zip Code

20330 Stevens Creek Rd.
Cupertino, CA 95014

Purpose of payment (See instructions regarding type of information required.)

Internet Security software

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

12/12/2008

Payee name

Tommy Moore's Cafe

Amount
(\$)

\$18.36

Payee address; City; State; Zip Code

915 S. Hackberry
San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

10/26/2008

Payee name

Toudouze Market

Amount
(\$)

\$199.13

Payee address; City; State; Zip Code

800 Buena Vista
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Supplies for GOTV Rally

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/11 Report: 16/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Toudouze Market

7Amount
(\$)

10/31/2008

6 Payee address; City; State; Zip Code800 Buena Visa
San Antonio, TX 78207

\$62.08

8 Purpose of payment (See instructions regarding type of information required.)

F & B

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Toudouze Market

Amount
(\$)

11/01/2008

Payee address; City; State; Zip Code

800 Buena Visa
San Antonio, TX 78207

\$41.24

Purpose of payment (See instructions regarding type of information required.)

F & B

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Toudouze Market

Amount
(\$)

12/31/2008

Payee address; City; State; Zip Code

800 Buena Visa
San Antonio, TX 78207

\$64.15

Purpose of payment (See instructions regarding type of information required.)

F & B supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Valero Store #1030

Amount
(\$)

10/30/2008

Payee address; City; State; Zip Code

1171 Coliseum Rd.
San Antonio, TX 78219

\$62.00

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/11 Report: 17/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

10/27/2008

5 Payee name

Wal Mart

7

Amount

(\$)

\$32.31

6 Payee address; City; State; Zip Code1200 SE Military Dr
San Antonio, TX 78214**8** Purpose of payment (See instructions regarding type of information required.)

F & B Supplies

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/26/2008

Payee name

Wal-Mart #5145

Amount

(\$)

\$47.63

Payee address; City; State; Zip Code

1603 Vance Jackson
San Antonio, TX 78213

Purpose of payment (See instructions regarding type of information required.)

F & B for GOTV Rally

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/06/2008

Payee name

West San Antonio Chamber of Commerce

Amount

(\$)

\$350.00

Payee address; City; State; Zip Code

314 El Paso
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Contribution

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held: